

# CITY OF HUNTSVILLE

## PRIVILEGE LICENSE APPROVAL APPLICATION FOR A RESIDENTIAL ADDRESS

### FOR OFFICE USE ONLY

CITY OF HUNTSVILLE TAXPAYER I. D. # \_\_\_\_\_ LOC # \_\_\_\_\_ LICENSE INSPECTOR OR CLERK \_\_\_\_\_  
\_\_\_\_\_ NEW \_\_\_\_\_ OWNERSHIP CHANGE \_\_\_\_\_ LOCATION CHANGE \_\_\_\_\_ ADDITIONAL SCHEDULE NO. \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

I am applying for a City of Huntsville Privilege License according to Chapter 15 of the City of Huntsville Municipal Code.

TAXPAYER NAME (OWNING ENTITY) \_\_\_\_\_

BUSINESS TRADE NAME (DBA) \_\_\_\_\_

HOME ADDRESS IN HUNTSVILLE \_\_\_\_\_ UNIT # \_\_\_\_\_

### BELOW IS A DETAILED & SPECIFIC DESCRIPTION OF BUSINESS TO BE CONDUCTED AT THIS ADDRESS.

1. Square footage used for this business? \_\_\_\_\_

2. Square footage used for residence? \_\_\_\_\_

3. Will there be any sales consummated at this address Yes No

4. Will there be any product or merchandise stored at this Yes No

5. Will there be any employees working here or reporting here to go to work elsewhere? Yes No

### NAME OF PERSON TO BE CONTACTED IF ANY QUESTIONS ARISE DURING THE APPROVAL PROCESS.

\_\_\_\_\_  
NAME (please print or type) (\_\_\_\_\_) DAYTIME TELEPHONE NUMBER (\_\_\_\_\_) CELL PHONE NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## DISPOSITION

### DEPARTMENT

### RECOMMENDATION APPROVAL/DISAPPROVAL

### SIGNATURE OF AUTHORIZED REPRESENTATIVE

### DATE

1. Zoning Admin. 256-564-8008 \_\_\_\_\_

2. Finance Dept. 256-427-5197 \_\_\_\_\_

**NOTE:** Department memorandum should be attached to application for disapproval recommendations and other cases, where needed for clarification after notifying the above named person (if possible) of the circumstances involved.

### REMARKS/COMMENTS